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Affidavit Accompanying Motion for Permission to Proceed in the District court and/or on Appeal in Forma Pauperis in Habeas Corpus Cases under 28 U.S.C. Sections 2241 and 2254.

United States District Court for the Eastern District of Pennsylvania

Robert Scadding
(Plaintiff)

MICHAEL J GAINES
(Defendant(s))

FILED

OCT 31 2003

By MICHAEL E. KUNZ, Clerk
Dep. Clerk

District Court Case No. 03-4248

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Robert C Scadding

Instructions

Complete all questions in the application and then sign it. Do not leave any blanks. If the answer to a question is "O," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 10-16-2003

My issues are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during During the past 12 months	Amount expected Next month
	<i>You THIS MONTH</i>	<i>You</i>
Employment	\$ <u>1.44</u>	\$ <u>8.00</u>
Self-employment	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Income from real property (such as rental income)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Interest and Dividends	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Gifts	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Alimony	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Child Support	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Disability (such as social security, insurance payments)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
(Unemployment payments)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Public Assistance (such as welfare)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Other specify):	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Total monthly income:	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Sennott Roofing	FRONT ST MANCHESTER NH. 4-2002-10-2002	4-2002-10-2002	
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
PURITAN TAKE OUT	WEBSTER ST MANCHESTER NH.	4 YEARS	8 DOLLARS AN HOUR
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have?

\$ -0-

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse Has
NA	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

NA

Home (Value) Other estate Real (Value)

NA NA

Motor Vehicle #1

Value NA

Make & Year _____

Model: _____

Registration #: _____

Motor vehicle #2

Value NA

Make & year: _____

Model: _____

Registration # _____

Other Assets

NA

Value of other assets

NA

6. State every person, business, or organization owing your or your spouse money, and the amount owed.

Person owing you or your Spouse money	Amount owed to you	Amount owed to your spouse
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<u>NA</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Robert Scadding Jr</u>	<u>SON</u>	<u>16</u>
<u>SEAN SCADDING</u>	<u>SON</u>	<u>14</u>
<u>CHALANE SCADDING</u>	<u>DAUGHTER</u>	<u>12</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate:

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0-NA</u>	\$ <u>150.00 WK</u>
Are real-estate taxes included?	Yes <u>NA</u>	No <u>✓</u>
Is property insurance included:	Yes <u>NA</u>	No <u>✓</u>
Utilities (electricity, heating fuel, water, sewer and Telephone)	\$ <u>INCLUDED</u>	\$ <u>INCLUDED</u>
Home maintenance (repairs & upkeep)	\$ <u>NA</u>	\$ <u>NA</u>
Food	\$ <u>NA</u>	\$ <u>100.00 WK</u>
Clothing	\$ <u>NA</u>	\$ <u>100.00 MO.</u>
Laundry & Dry-Cleaning	\$ <u>NA</u>	\$ <u>WHEN NECESSARY</u>
Medical and dental expenses	\$ <u>NA</u>	\$ <u>11</u>
Transportation (not including motor vehicle payments)	\$ <u>NA</u>	\$ <u>30 WKly</u>
Recreation, entertainment, newspapers magazines, etc.	\$ <u>NA</u>	\$ <u>NA</u>
Insurance, not deducted from wages or included in Mortgage payments)	\$ <u>NA</u>	\$ <u>NA</u>
Homeowner's or renter's		
Life	\$ <u>NA</u>	\$ <u>NA</u>
Health	\$ <u>NA</u>	\$ <u>MEDICAID</u>
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Other:	\$ <u>NA</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):		
Installment payments	\$ <u>NA</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Credit card	\$ <u>NA</u>	\$ <u>NA</u>
(Name)		
Department store (Name):	\$ <u>NA</u>	\$ <u>NA</u>
Other	\$ <u>NA</u>	\$ <u>NA</u>
Alimony, maintenance, and support:		
Paid to others	\$ <u>NA</u>	\$ <u>NA</u>
Regular expenses for operation of	\$ <u>NA</u>	\$ <u>NA</u>

business, profession, or farm (attach detailed statement)

\$ NA

\$ NA

TOTAL MONTHLY EXPENSES:

\$ NA

\$ All Her money

9. Do you expect any major changes in your monthly income or expenses or in your assets or liabilities during the next 12 months? I will be ELIGIBLE for PAROLE 4-2004
I will BE ABLE TO FIND WORK THEN.

Yes ☒ No ☐ If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form? Yes ☐ No ☒
If yes, state the attorney's name, address, and telephone number:

11. Have you paid - or will you be paying- anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

Yes ☐ No ☒

If yes, how much?

\$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I AM INCARCERATED AND MY WIFE IS MAKING 8 DOLLARS AN HOUR AND SUPPORTING 3 CHILDREN

13. State the address of your legal residence.

P.O. Box 9007

F.C.I RAYBROOK

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